

STATE OF WASHINGTON  
**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

RECEIVED

JUN 12 2009

Washington State  
Department of Ecology

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. G2-20148 WRIA 11

DATE ACCEPTED 6/12/09 BY SC

FEE \$ ✓ REC'D 6/12/09

CHECK No. \_\_\_\_\_

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information:**

|   |                             |                           |
|---|-----------------------------|---------------------------|
| APPLICANT/BUSINESS NAME<br>Sidney and Cheryl Mensonides | PHONE NO.<br>(253) 535-3240 | FAX NO.<br>(253) 536-2782 |
| ADDRESS<br>3509 72 <sup>nd</sup> Street                 |                             |                           |
| CITY<br>Tacoma  | STATE<br>WA                 | ZIP CODE<br>98443         |

|   |                             |                           |
|---|-----------------------------|---------------------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE)<br>Summit Land Planning Services | PHONE NO.<br>(360) 493-0974 | FAX NO.<br>(360) 493-0974 |
| ADDRESS<br>6009 Sherwood Lane SE  |                             |                           |
| CITY<br>Lacey   | STATE<br>WA                 | ZIP CODE<br>98513         |

**2. Water Right Information:**

|  |                                   |
|--|-----------------------------------|
| WATER RIGHT OR CLAIM NUMBER<br>G2-21048C <u>G-2-20148</u>  | RECORDED NAME(S)<br>J. Mensonides |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |                                   |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS:  |                                   |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                   |

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

REET 7/6/09 date

FOR OFFICE USE ONLY

APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. G2-20148 CERT. OF CHANGE NO. G2-20148



3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL #   | WELL TAG # |
|--------|-----|----|----|------|------|------|------------|------------|
| Well   | 1   | S½ | SW | 12   | 17N  | 2E   | 0217123002 | Unknown    |
| Well   | 2   | NE | NW | 13   | 17N  | 2E   | 0217132000 | Unknown    |
| Well   | 3   | S½ | SW | 12   | 17N  | 2E   | 0217123002 | Unknown    |

B. Proposed

| SOURCE   | NO. | ¼   | ¼  | SEC. | TWP. | RGE. | PARCEL #   | WELL TAG # |
|----------|-----|---|----|------|------|------|------------|------------|
| Well **  | 1   | S½  | SW | 12   | 17N  | 2E   | 0217123002 |            |
| Well **  | 2   | NE  | NW | 13   | 17N  | 2E   | 0217132000 |            |
| Well **  | 3   | S½  | SW | 12   | 17N  | 2E   | 0217123002 |            |
| New Well | 4   | To be located within boundary of Place of Use |    |      |      |      |            |            |

\*\* If existing well is found to be unsuitable for domestic supply, it will be abandoned and a replacement well will be drilled within the Place of Use.

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE                      | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|-------------------------------------|------------|------------|---------------|
| Stockwater and Dairy Farm Operation | 40 GPM     | 29.3       | Continuously  |
|                                     |            |            |               |
|                                     |            |            |               |
|                                     |            |            |               |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
| Domestic       | 40 GPM     | 29.3       | Continuously  |
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

5. Place of Use:

A. Existing

|  |    |      |      |      |        |            |            |
|--|----|------|------|------|--------|------------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  |    |      |      |      |        |            |            |
| The S 1/2, SW 1/4, Sec. 12; the N 1/2, NW 1/4, Sec. 13; and the N 1/2 NE 1/4 NE 1/4, Sec. 14;  |    |      |      |      |        |            |            |
| All in T. 17 N., R. 2 E.W.M.; LESS roads   |    |      |      |      |        |            |            |
|  |    |      |      |      |        |            |            |
| ¼  | ¼  | SEC. | TWP. | RGE. | COUNTY | PARCEL #   | # OF ACRES |
| S 1/2  | SW | 12   | 17 N | 2 E  | Pierce | 0217123002 | 80         |
| N 1/2  | NW | 13   | 17 N | 2 E  | Pierce | 0217132000 | 80         |
| NE   | NE | 14   | 17 N | 2 E  | Pierce | 0217141005 | 20         |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: |    |      |      |      |        |            |            |

B. Proposed

|   |   |      |      |      |        |          |            |
|---|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:   |   |      |      |      |        |          |            |
| No change to Place of Use requested.  |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
|   |   |      |      |      |        |          |            |
| ¼   | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|   |   |      |      |      |        |          |            |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: |   |      |      |      |        |          |            |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.



Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

#### 6. Remarks and Other Relevant Information:

Please refer to the enclosed letter by Summit Land Planning Services for information regarding the future residential development plan for the Place of Use.



IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

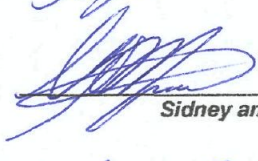
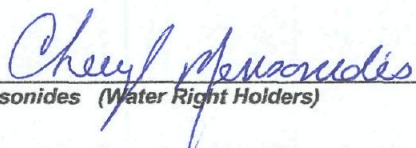
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

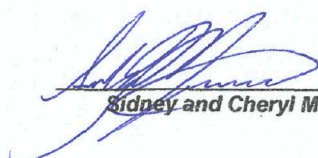
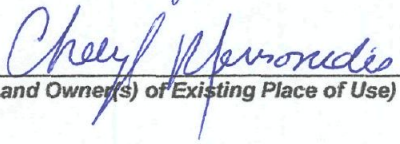
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

#### 7. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

  4/24/2009  
Sidney and Cheryl Mensonides (Applicants) (Date)

  4/24/2009  
Sidney and Cheryl Mensonides (Water Right Holders) (Date)

  4/24/2009  
Sidney and Cheryl Mensonides (Land Owner(s) of Existing Place of Use) (Date)

**IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.**

#### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_